



Who

The Alliance is a statewide partnership of local and state government agencies, academic institutions, local asthma coalitions, non-profits and private industry working collaboratively to address asthma.

Mission

To reduce asthma morbidity and mortality for all people in North Carolina through a comprehensive public health approach.

History

The Asthma Alliance of North Carolina was born out of another statewide asthma initiative – the North Carolina Childhood Asthma Management Task Force. In 1998, the state health director convened the Task Force in response to the rising number of children with asthma symptoms. Its charge was to assess pediatric asthma and recommend ways to more effectively address this disease from both state and local levels. The resulting Task Force report has been the foundation for building a comprehensive, cohesive system of care for children and adults with asthma.

In the spring of 2000, the Task Force broadened its focus to include adult asthma, established a more formal organizational structure, and changed its name to the Asthma Alliance. It serves as an “umbrella” group to ensure coordination and collaboration among the many asthma-related organizations in this state. One partner, the NC Division of Public Health, hired a program coordinator to move the Alliance forward and strengthen the relationships between this statewide effort and local initiatives.

Committees

Seven committees form the backbone of the Alliance – Asthma Education, Environmental, Epidemiology, Local Coalitions, Medical Management, Policy, Public Relations/Marketing. Alliance members work in committees centered around education for health professionals and patients, ameliorating environmental asthma hazards, changing public and private asthma-related policies, collecting data, and building local asthma coalitions.

Asthma Education

Goal: Assure appropriate, population-based asthma care education, programs and resources for persons with asthma and parents of children with asthma. This committee is working to:

- (1) improve asthma care skills of child care staff, teachers, school nurses, parents and patients;
- (2) identify (or design) and disseminate appropriate patient and parent educational materials; and,
- (3) publicizes national, state and local asthma resources, such as smoking prevention/cessation.

Environmental

Goal: Identify, develop and promote effective asthma-related environmental interventions. This committee is working to:

- (1) ensure indoor air quality assessment and management training is available for local environmental health specialists, schools, home visitors, and others;
- (2) conduct pilot projects linking healthcare providers with environmental health offices;
- (3) test effectiveness of low-cost environmental interventions in homes, schools, and child cares;.
- (4) modify Sanitation Rules governing child care centers, schools, hospitals, nursing homes and other institutional facilities to include environment trigger control requirements; and
- (5) study the asthma-related consequences of natural disasters, specifically flooding.

Epidemiology

Goal: Determine and monitor the prevalence, distribution and consequences of asthma on the health and well-being of North Carolinians. This committee is working to:

- (1) develop an asthma surveillance system with capabilities to measure asthma prevalence and trends through Medicaid, BRFSS, hospitalization, school, and other data;
- (2) design and evaluate interventions based on surveillance findings; and,
- (3) analyze and evaluate the results of the NC School Asthma Survey, which measured disease prevalence, healthcare utilization and consequences in 129,000 7th and 8th graders.

Local Coalitions

Goal: Support and strengthen community-based asthma initiatives. This committee assists the NC Division of Public Health's Asthma Program Coordinator to:

- (1) increase the numbers of asthma coalitions;
- (2) provide technical assistance, resources and networking/idea sharing activities;
- (3) create best practices, interventions, coalition building “how-tos” and service resources guide;
- (4) identify and develop funding opportunities for communities; and,
- (5) ensure local input on the statewide Alliance.

Medical Management

Goal: Ensure the appropriate diagnosis and management of asthma by health professionals. This committee is working to:

- (1) increase number of qualified health professionals serving areas with high asthma prevalence;
- (2) establish NC Asthma Board as asthma educator certifying organization for state;
- (3) train and certify health care professionals in asthma education;
- (4) create support networks to help clinicians incorporate asthma guidelines into their practices;
- (5) pilot the use of pharmacists as specialty asthma educators for customers; and,
- (6) improve the quality of care for all patients, especially Medicaid enrollees and the uninsured.

Policy

Goal: Influence public policy, regulation and legislation. This committee is working to:

- (1) maintain state funding for local asthma programs and state Asthma Program Office;
- (2) increase the number of certified school nurses to the national standard of 1:750 students to assure that asthma-related school health services are available statewide;
- (3) secure reimbursement for asthma education services and environmental interventions; and,
- (4) support NC Vision for Tobacco Control and clean air bills.

Public Relations/Marketing

Goal: Increase public awareness and knowledge of asthma and the Alliance. This committee is working to:

- (1) develop communication tools, namely an Alliance Website with information for coalitions, parent/patients, schools and child care centers, and health professionals.

Contact Information

Karin Yeatts and Cathy Hathcock, Co-Chairs
Asthma Alliance of North Carolina

For more information please contact Jackie.West@ncmail.net at the State Asthma Program